

## NEW EGYPT SPEEDWAY 2025 RESERVED SPECTATOR PARKING

RESERVED SPECTATOR PARKING PRICING 2025 SEASON - \$150.00				
Print Name:				
Address:				
City:	State:	7	Zip Code: _	
Phone Number:				
understand that I am responsible for my issuance of an NES parking permit. The with them significant risk of personal in conditions and risks, which independent others or me. I have made a voluntary cl may occur whether or not they are know foregoing risks including the risks of inj the participants. I further agree to foreve officers, agents, employees, officials, as presented, and participants theron, for al participation in, about, or en-route to an release, I understand that any and all risk AND VOLUNTARILY SIGNS THE PA inducements have been made by New E	undersigned acknowledges i jury, death, or property damaly or in combination with the hoice to park in the facility. I may contemplated by me. Exury, death, or property damager release and hold harmless signs, promotors representing a laccidents, losses, injuries (dout of the premises where ck (including those set forth a RKING INDEMNITY/RELEGYPT Raceway, Inc.	that auto racing and related eve- ige. I also understand that there e activities may cause property agree to accept all responsibility except as set forth below, I hereb ge and accept sole responsibility and indemnify New Egypt Race gethe races or other events unde including, but not limited to de operated racing events or relate bove) and expressly waived in a EASE, and further agrees that re	nts are HAZARDO are natural, mecha damages or severe ty for the risks, cony expressly assum y for the safety aneway, Inc. and its ser NES premises on ath), or other casuad activities are preadvance. THE UN no oral representation	DUS activities which carry anical, and environmental cor even fatal injuries to additions, and hazards that the any and all of the dimedical insurance costs of subsidiaries, directors, and which events are alty arising out of my sented. By signing this DERSIGNED HAS READ ions, statements, or
TYPE OF PAYMENT (SEA CHECK Credit Card		CVV:		eck #:
_ CREDIT CARD			<i></i>	
FOR OFFICE USE ONL				
Amount Received:	Received	By:	_ Date:	Spot #: